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ADDRESS.

RETROVERSION OF THE UTERUS.

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CHICAGO.

Retro-displacement of the uterus is one of the most important conditions which the gynecologist and the family physician are called upon to remedy in the treatment of female complaints. It is important because the condition frequently exists, because it produces a long train of symptoms which frequently end in invalidism, and because it is frequently ignored if discovered at all by physicians whose experience ought to teach them better.

Because the uterus is a movable organ, because it is behind the bladder which must fill and empty, and in front of the rectum which must distend and contract, because it is subject to the intra-abdominal pressure with every inspiration and expiration of the woman; because it is fixed with elastic and muscular supports which protect it from sudden jars; because of all of this it does not prove that there can be no normal position of the uterus and hence there can be no pathologic displacement. A man's arm has a normal range of movement in order that it may accommodate itself to its environment and perform its function, but that does not argue against a possibility of pathologic dislocation of the arm.

APPROXIMATE NORMAL POSITION OF THE UTERUS.

In order to diagnose and treat a dislocation of the humerus one must know the normal anatomy of the parts. While I have reason to believe that there are physicians of reasonable appearance who do not apply this same rule in the practice of pelvic disorders, I affirm that every family physician or gynecologist who depends upon his own knowledge for making diagnosis of pelvic difficulties should not only know pelvic anatomy but should also be able by repeated practice to detect abnormalities.

The uterus, Fig. 1, in its normal location is suspended in the pelvis with the fundus lying a fraction of an inch below a line drawn from the top of the symphysis pubis to the promontory of the sacrum. With the subject in the upright position the body of the uterus inclines forward on an angle of about 45 degrees with the horizon. The cervix lies within an inch and a half of the sacrum. The body of the uterus projects from the top of the vagina in a forward direction at about right-angles to that muscular tube. The fundus of the uterus occupies such a position in the pelvis when normal that the intra-abdominal pressure deflected from the anterior abdominal wall strikes it just posterior to its crest in a direction to force it, if at all, in an anterior direction.

The supports of the uterus are the broad ligaments which suspend it with side expansions, the vaginal

tube resting upon the peritoneum supporting the cervix, the two folds of peritoneum called the sacro-uterine ligaments holding the cervix near the sacrum with the anterior vaginal wall acting as a counterpoise suspending it in front. The round ligaments act as stays preventing the uterus from being forced into retroversion by sudden impulses or jars. So that it has supports from almost every point, and in no case are the supports immovable and fixed. It is surrounded with cushioned supports and elastic guys, while its free fundus is embraced in a canopy of soft ever-yielding intestines. No organ in the human body is more carefully protected from violence from without or from its immediate environment from within.

THE FEMALE PELVIS.

The female pelvis upon which the destinies of the human race so much depend is not only a box of wonderful security, but it is a stronghold of marvelous nervous mechanism. The uterus is connected with and has extensive automatic control of almost every organ in the body. No other organ except the heart has such universal sway over the whole economy. From the time that puberty begins in early maidenhood until the well-earned rest is secured at the menopause the immense network of sympathetic nerves surrounding the uterus is ever ready to perform herculean tasks. If conception occurs it must automatically, at once, begin a work which is the most remarkable thing in the world. It compels the heart to send more blood for nourishment of its new life, it compels the brain to create an appetite in the individual, it compels the stomach to digest larger quantities of food and the intestines to increase assimilation. It strengthens and expands the peritoneum, it softens the cartilage of the pelvis, it expands its own supports, it enlarges its environment without pathologic consequences, it develops the breasts and fills them with fluid, and when at a certain hour on a certain day the climax of gestation is reached it touches the spring which sets in motion all of the awful machinery of labor, which contracts its own powerfully developed walls, relaxes and lubricates the soft parts through which the child must pass, compels abdominal contraction at the proper time and when finally the labors are finished it telegraphs less blood to the pelvis, more to the breasts. It contracts its own walls, narrows its blood supply, furnishes an antiseptic fluid of soothing quality for the soft track of its outlet and in a remarkably short time has returned to its normal size and position.

When we stop to think a minute of the wonderful accomplishments of this uterus, and realize that its functions of menstruation or gestation are constantly maintained for thirty years it does not seem unreasonable that a displacement of the organ with a consequent disturbance of its sympathetic nervous connection will produce disastrous results.

ances of the same type in different members of a family, as revealed by analysis of the gastric secretions. In most cases they are unsuspected by the subjects and only manifest themselves by secondary neurasthenia or other trouble. This hereditary tendency should be borne in mind and appropriate treatment instituted, especially in the case of persons with an arthritic inheritance. A number of interesting observations are cited to confirm the writer's statements.

Substances incompatible with Antipyrin.—1. Those which precipitate the antipyrin, such as phenic acid in concentrated solutions, tannin and its preparations, tincture of iodine, chlorides of mercury, etc. 2. Those which decompose antipyrin when triturated dry with it: calomel, which forms with it a toxic combination, naphthol; chloral which forms an oleaginous liquid; sodium bicarbonate, which generates an odor of acetic acid; sodium salicylate, which also forms an oleaginous compound with it, and lastly the salts of quinine and caffeine, whose solubility is increased by antipyrin.—*Gazette Méd. de Liege*, December 31.

Effect of Chloroform and Ether Narcosis on the Liver.—Bandler of Prague performed a herniotomy on a hitherto strong, healthy man, who was however a hard drinker, using chloroform as the anesthetic. A few days afterward icterus developed and the patient died with cholemic symptoms. As leucin and tyrosin were found in the urine, *intra vitam*, the diagnosis of acute yellow atrophy of the liver had been made and it was confirmed by the necropsy. Bandler has been since studying the literature on the subject and experimenting on animals, to determine the exact effect of chloroform narcosis on the parenchymatous organs. He states that every case of chloroform narcosis showed degeneration of the liver cells afterward, while this degeneration was absent or very slight after ether narcosis. He therefore urges the importance of avoiding the use of chloroform in cases where there is reason to suspect that the liver is not perfectly normal, and using ether instead.—*Wien. klin. Rundsch.* from *Mitth. a.d. Grenz. d. Med. u. Chir.*, No. 3, Vol. I.

Dilation of Strictures of the Urethra.—Wossidlo states that relapses are frequent and in his experience almost inevitable when the urethra is only dilated to a No. 25 or 28 Charr. but that they are very rare and yield promptly to treatment if the dilation is carried as far as a No. 30. Microscopic examination shows that in the former case the mucous membrane is not normal, the lumen is funnel shaped and the crypts are filled with an infiltration. Only when the dilation is carried beyond 30 does the color return to normal and the infiltrate disappear. This can only be accomplished by an Oberland or Kollmann dilator. The process must not be hastened, and the reaction following each dilation must be allowed to run its course, which requires ten days, sometimes three to four weeks. The reaction can be favorably influenced by a $\frac{1}{2}$ to 1 per cent. solution of nitrate of silver. Dilation accomplishes nothing with rigid, unyielding strictures and internal urethrotomy is indicated for them.—*Cbl. f. Chir.*, December 26.

A Case of Porro's Operation.—Schwartz reports, in *Centralblatt für Gynäkologie*, a successful case of delivery by this operation. The patient was a rachitic dwarf, aged 19 years. She was three feet, three inches in height, well nourished and muscular. There was lordosis with extremely pendulous abdomen. The pelvic deformity was remarkable, even in a dwarf. Between the iliac spines the measurement was seven and two-fifths inches, between the trochanters ten inches. The conjugata vera was one and one-half inch (4 centimeters or 1.56 inch). The patient was in the ninth month of pregnancy. Pains set in on Jan. 16, 1896; in a few hours the membranes burst spontaneously. Pains continued through the night, but were quite ineffective. Schwartz saw her early on the morning of January 17. The temperature was 104, the pulse 180.

Septic peritonitis was present. Porro's operation was at once performed with full precautions. The child was a fully developed female, 19.5 inches long and 5 pounds in weight. It was saved and reared. For two or three weeks the patient's life was in great peril through septic symptoms with peritonitis, followed by diarrhea. The stump of the uterus was treated subperitoneally. By February 5, convalescence was in steady progress.

Fish Diet in Chronic Nephritis.—J. E. Ferran describes in the *Archivos de la Policlínica* for December, his success in severe and prolonged chronic nephritis by suspending the classic treatment: potassium iodid, milk diet, etc., and putting his patients on an exclusive fish diet, selecting the fish that contain the most iodine, with once in a while a small amount of some vegetable. The improvement is prompt and radical. He mentions one case that had been treated in vain at Paris for two years, which had yielded in a few days to this treatment. He had seen the patient recently in magnificent health, after seven years, with no restrictions as to diet necessary. This treatment is based on Ferran's chemico-clinical studies and is invariably to be preceded by careful analysis of the urine, as he states that it must be limited to those cases that are in a generally satisfactory condition, without too large a proportion of granular cylinders, and in whom the urea, the density, the phosphates and phosphoric acid are normal or above, with over 800 grams of urine eliminated in the twenty-four hours.

Results of Thirty-Two Nephrorrhaphies for Floating Kidney.—The operations were performed in 1894 to 1896. The immediate results were all favorable; one patient died in a couple of months from fibrinous pneumonia, and another of fatty degeneration of the heart in four months; twenty-four are in the best of health to date, and the remaining six have been lost to sight. In twenty-three cases the operation was performed for pains, seven for dyspeptic troubles and two for neurasthenic disturbances caused by the wandering kidney. The patients were all women and in all but one case the right kidney was the one involved. In three cases there had been preceding trauma; enteroptosis was present in three; hydronephrosis in three and cysts in one. Ten were nulliparæ, the other twenty-two mothers. The suppuration was always restricted to the subcutaneous connective tissue and never interfered with the growth of the kidney to the M. quadratus lumborum. The peritoneum was not opened in any case.—Tricomi at the *Ital. Surg. Cong.*, *Cbl. f. Chir.*, December 26.

The Latest in Organ Therapeutics; Extract of Lung Tissue.—The *Bulletin Méd.* of December 27, publishes the results of trials and experiments made by F. Brunet with aqueous glycerin extract of the lungs of sheep. Two grams of lung tissue, fresh, shaved thin, to 60 grams of glycerin; after soaking half an hour, 120 grams of sterilized water is added and the whole filtered through linen in another half hour. The liquid is then sterilized in the autoclave, and passed through a Chamberlain bougie and glass tube into the ball in which it is kept ready for use. The doses administered internally were 10 c.c. and in injections, 2 to 5 c.mm. Ten cases of pulmonary affections were treated with it and many animals experimentally. In each case the cough diminished rapidly; the patients increased in weight, and the extract seemed to possess a general tonic property. The pus disappeared from the sputa and the sense of oppression was relieved so that the patients could sleep undisturbed. The general results of the treatment were similar to those of other organ extracts, in respect to the increase in the secretion of saliva, decrease in the amount of urine and increase of urea. Brunet therefore recommends it as extremely beneficial in liquefying bronchial expectorations, and suggests that the technique of administering it should be based upon the experience acquired with other organ extracts. He had no opportunity to observe it in cases with fever.